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COVER LETTER

	tration Section on of Corporations			
SUBJECT:	Dashporter Inc.			
	Nar	ne of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of		ate of Good Stan	Authorization to Transac ding" and check are subt ss in Florida.	
Please return a	all correspondence conce	erning this matter	to the following:	
Bryan Glenn				
		Name of	Person	
Dashporter Inc				
		Firm/Con	npany	
11523 Palmbru	ish Trail			
		Addre	ess	
Lakewood Ran	ich. FL 34202			
		City/State a	nd Zip code	
support@wese	rvus.com			
	E-mail add	ress: (to be used t	for future annual report n	otification)
For further inf	ormation concerning thi	s matter, please c	call:	
Bryan Glenn		at (312-3324	
Name	e of Person	Area Cod	e Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	-	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	GN CORPORATION TO TRANSPOT DOG				
Dashporter Inc.	oration; must include "INCORPORATED," "C	OMPANY," "CORPORATION	٧,"		
(Enter name of corp	o," "inc," "Co," or "Corp.")				
1110-1,					
SERVUS		Carracati	ag business in Florida)		
(If name unavailabl	e in Florida, enter alternate corporate name ado	pted for the purpose of transaction	ig dustriess in the territy		
Delaware	3.	1-4995 /41			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
01/2017	5				
A	f incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
•	1 meorporation)				
6	(Date first transacted business in F	lorida, if prior to registration)			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liab	ility)		
2127 Cleany River	Ave. Ruskin, FL 33570				
7	(Principal office	street address)			
raa D. L hah	Trail #352 Lakewood Ranch, FL 34202				
11523 Palmorusii	(Current mailing	address, if different)			
	(00.000		(D) ~		
	CEL its registered agent: (P.O.	Box NOT acceptable)	2024 F		
8. Name and stree	t address of Florida registered agent: (P.O.				
Name:	Bryan Glenn	- 	: 10		
rame.	3127 Sleepy River Ave		. ප ද – ල		
Office Address:		33570	<u> </u>		
	Ruskin	, Florida	<u>.</u> ö.		
	(City)	(Zip code)	F		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS							
Chairman	Bryan Glenn Name:	□Chairman	Name:	· ·			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Lakewood Ranch, FL 34202	□Director					
□President		□President		·			
□Vice President		□ Vice President					
Secretary	Treasurer	☐ Secretary		☐Treasurer			
Other	□Other	□Other		Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
☐ Vice President		□ Vice President					
Secretary	□Treasurer	Secretary		☐Treasurer			
□Other	Other	Other		Other			
□Chairman	Name:	□Chairman	Name:				
☐ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary		□Treasurer			
Other	Other	□Other		□ Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer.							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bryan Glenn

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DASHPORTER INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE ELEVENTH DAY OF JANUARY, A.D. 2024.



Authentication: 202580059

Date: 01-11-24